

SPECIAL NOTE TO CUSTOMERS OF THE FY2000
VERSION 2 YEAR-END
HOSPITAL DISCHARGE DATABASE

Please be advised that race codes in this version of the FY2000 database have been updated to match the standard race values reported by hospitals to the Division. The specific race codes that are impacted by this standardization include Asian, Hispanic, Other, and Unknown. See page 22 for more details.

Division of Health Care Finance and Policy

Fiscal Year 2000

**Inpatient Hospital
Discharge Database
Documentation Manual**

April, 2002

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FY2000 Inpatient Hospital Discharge Database

Table of Contents

	<u>Page</u>
Introduction	1
Compact Disk (CD) File Specification	2
SECTION I. GENERAL DOCUMENTATION	3
PART A. BACKGROUND INFORMATION	4
1. General Documentation Overview	4
2. Quarterly Reporting Periods	5
3. Development of the FY00 HDD Database	6
4. DRG Grouper Methodology	8
PART B. DATA	11
1. Data Quality Standards	12
2. General Definitions	14
3. General Data Caveats	15
4. Specific Data Elements	17
a. Existing Data Elements	17
b. New Data Elements	20
c. Important Note Regarding Use of Race Code	22
d. DHCFP Calculated Fields	23
PART C. HOSPITAL RESPONSES	24
1. Summary of Hospitals' FY00 Verification Report Responses	25
2. List of Error Categories	31
3. Summary of Reported Discrepancies by Category	32
4. Index of Hospitals Reporting Data Discrepancies	33
5. Individual Hospital Discrepancy Documentation	34
PART D. CAUTIONARY USE HOSPITALS	48
PART E. HOSPITALS SUBMITTING DATA FOR FY00	52
1. List of Hospitals Submitting Data for FY00	53
2. Hospitals with No Data Submissions for FY00	55
3. Discharge Totals and Charges by Quarter	56

FY2000 Inpatient Hospital Discharge Database

Table of Contents

	<u>Page</u>
PART F. SUPPLEMENTARY INFORMATION	64
Supplement I – List of Type A and Type B Errors	65
Supplement II – Content of Hospital Verification Report Package	67
Supplement III – Hospital Addresses	68
Supplement IV – Hospital DPH ID, Org ID& Service Site Numbers	72
Supplement V – Mergers, Name Changes, Closures, Conversions, and Non-Acute Care Hospitals	75
Supplement VI – Alphabetical Source of Payment List	82
Supplement VII – Numerical Source of Payment List	90
SECTION II. TECHNICAL DOCUMENTATION	98
PART A. CALCULATED FIELD DOCUMENTATION	99
1. Age Calculation	99
2. Newborn Age	100
3. Preoperative Days	101
4. Length of Stay (LOS) Calculation	102
5. Length of Stay (LOS) Routine	103
6. Unique Health Information (UHIN) Sequence Number	104
7. Days Between Stays	105
PART B. DATA FILE SUMMARY	107
1. Discharge File Table FY00	108
2. Revenue File Table FY00	113
3. Data Code Tables FY00	114
PART C. REVENUE CODE MAPPINGS	126

General Documentation
FY2000 Inpatient Hospital Discharge Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the final version of the Inpatient Hospital Discharge Database FY2000, Version 2.

Section I. General Documentation

The General Documentation for the fiscal year 2000 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process. It also includes supplements listing the hospitals within the database, information on mergers, name changes, closures, conversion, and non-acute care hospitals, and alphabetical and numerical payer source lists.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files. Please note that as of October 1, 1999, certain regulatory changes were made to the format of the data.

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or by faxing a request to the Division at 617-727-7662.

General Documentation
FY2000 Inpatient Hospital Discharge Database

CD SPECIFICATIONS

Hardware Requirements:

- * CD ROM Device
- * Hard Drive with 1.60 GB of space available

CD Contents:

* This CD contains the “Final / Full Year” 2000 Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions:

This CD contains self-extracting compressed files, using the file-naming convention below.

- a) “Hosp_Inpatient_Discharge_FIPA_2000_L1_zipped.exe” will expand out to “Hosp_Inpatient_Discharge_2000_L1.mdb”
- b) “Hosp_Inpatient_Services_FIPA_2000_zipped.exe” will expand out to “Hosp_Inpatient_Services_2000.mdb”

In the above examples, 2000 represents Hospital Fiscal Year 2000 and L1 represents Level 1.

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY00 Data Base
4. DRG Grouper Methodology

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods, the development of the FY2000 hospital case mix database, and the DRG methodology used.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, information on specific data elements, and an important note regarding use of Race Codes in the FY00 database.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2000 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2000 Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2000, and those that failed to provide any FY2000 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

All Massachusetts hospitals are required to file case-mix data that describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2000 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 1999 – December 31, 1999
Quarter 2:	January 1, 2000 – March 31, 2000
Quarter 3:	April 1, 2000 – June 30, 2000
Quarter 4:	July 1, 2000 – September 30, 2000

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2000 DATABASE

Earlier this year, the Division embarked on a major effort to restructure its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database. As a result, data users will see visible signs of these improvements on the inpatient FY00 Hospital Discharge Database.

It is important to note that this year's database includes many significant case mix changes that went into effect on October 1, 1999. One of the many changes includes year 2000 requirements that required the addition of century for all date fields. Many new data elements have been added this year, such as Secondary Source of Admission, Do Not Resuscitate, Mother's UHIN, and Mother's Medical Record Number (for infants). Also, several other fields have been modified to capture additional information, for example, the addition of a Nurse Midwife code to the Physician License data field and expansion of diagnosis codes from 9 to 15. Further detail is provided in the Data File Contents section.

Six Fiscal Year 2000 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"***. (Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, mother's medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN).

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2000 DATABASE - *Continued*

The six levels include:

LEVEL I	Contains all case mix data elements, except the deniable data elements
LEVEL II	Contains all Level I data elements, plus the UPN
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

All Patient DRG Groupers (Versions 8.1, Version 12.0, Version 14.1)
All Patient Refined DRG Grouper (Version 15.0)

Beginning in October 1991, the DHCFP began using the All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population. Both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 Grouper have been included in the database for the past several years. (Note: Versions 8.1 and 12.0 are year 2000 compliant versions.) The purpose of providing these two groupers on the database was to allow consistency for data users of previously released databases that contained the AP-V8.1 and AP-V12.0. As of fiscal year-end 2000, AP-DRG Version 14.1 Grouper was added to the database. Hospitals were reviewed for verification using the AP-V8.1, V12.0, and V14.1 Groupers.

The Version 8.1, 12.0, and 14.1 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to these groupers. The DHCFP mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code, is used as the birth weight option in implementations of groupers V8.1, V12.0, and V14.1.

DRGs and the Verification Report Process

The hospital's profile of discharges, grouped by AP-DRG 8.1, AP-DRG 12.0, and AP-DRG 14.1, is part of the verification report and it is this grouped profile on which the hospitals commented.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued:

All Patient Refined Grouper (3M APR-DRG 15.0)

As of FY1997, the All Patient Refined DRGs V12.0 were added to the Hospital Discharge Database. The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each DRG. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, or extreme severity of illness or risk of mortality.

General Documentation
FY2000 Inpatient Hospital Discharge Database

DRG Groupers:

All Patient Refined Grouper V. 15.0 - Continued

The Division's FY 2000 Discharge Database contains the **APR- DRG 15.0, the APR-MDC 15.0, the severity subclass, and the mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR – V15 Severity Level**".¹ For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR – V15 Mortality Level**".

All three groupers, versions 8.1, 12.0, 14.1, and the All Patient Refined Version 15.0 are included in the FY2000 Hospital Discharge Database.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG Groupers included in the database. These are available upon request.

¹ Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in the database.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

PART B. DATA

1. DATA QUALITY STANDARDS

In general, the Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days after each quarter. During FY 2000, the Division decided to extend the submission date for the initial quarter to give hospitals extra time to prepare for the year 2000 transition, as well to implement the expansive case mix regulations changes. The due date for the initial quarter was June 14, 2000. This was also the due date for the second quarter data.

The quarterly data is edited for compliance with regulatory requirements, as specified in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

- | | |
|----------------|--|
| Type A: | One error per discharge causes rejection of discharge. |
| Type B: | Two errors per discharge causes rejection of discharge. |

If one percent or more of the discharges are rejected, the entire submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

Verification Report Process

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

PART B. DATA

1. DATA QUALITY STANDARDS

Verification Report Process – Continued

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

For the past several years the Division has also produced an Interim Verification Report for hospitals to review prior to the production of an Interim Hospital Discharge Database release. The hospitals review and response follows the same procedures as year-end. This year there was no Interim Verification Report and no Interim HDD database release.

Note: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax # 617-727-7662.

PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

Case Mix Data

Case specific, diagnostic discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

Charge Data

The full, undiscounted total and service-specific charges billed by the hospital to the general public.

Ancillary Services

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00.

Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

Routine Services

The services and their definitions as specified in DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics, and pediatrics.

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA

3. GENERAL DATA CAVEATS

The following general data caveats have been developed from the Division's Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's tape;
- Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

PART B. DATA

3. GENERAL DATA CAVEATS - Continued

Charge Data

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their tape within the present time frames for submitting data. In some hospitals, “days billed” or “accommodation charges” may not equal the length of the patient’s stay in the hospital. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for “Discharged/Transferred to a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/Transferred to Chronic or Rehab Hospital” which itself was changed to “Discharged/Transferred to Chronic Hospital”. If examining these codes across years, one will need to combine the “rehab” and “chronic” codes in the data beginning January 1, 1994.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

a. Existing Data Elements

DPH Hospital ID Number

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III).

Patient Race

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Division, if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Principal External Cause of Injury Code

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Payer Codes

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

A complete listing of Payer types and sources can be found in this manual under Part F. Supplementary Information.

Source of Admission

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as “Direct Physician Referral” (versus calling a health plan for an HMO Referral or Direct Health Plan Referral). “Clinic Referral” was separated into “Within Hospital Clinic Referral” and “Outside Hospital Clinic Referral”. And “Emergency Room Transfer” was further delineated to include “Outside Hospital Emergency Room Transfers” and “Walk-In/Self-Referrals”. (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, “Transfer from Within Hospital Emergency Room”. These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code “Transfer from Within” is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Patient Disposition

Six new discharge/transfer categories were added in January 1994 and October 1997.

- 1) Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution;
- 2) Code 08: To home under care of a Home IV Drug Therapy Provider;
- 3) Code 13: To rehab hospital
- 4) Code 14: To rest home
- 5) Code 50: Discharged to Hospice – Home (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added 10/1/97)

Accommodation and Ancillary Revenue Codes

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

Unique Health Identification Number (UHIN)

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, a social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn’s mother.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. New Data Elements (as of October 1, 1999)

Secondary Source of Admission

A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital's care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from a SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

Do Not Resuscitate (DNR) Status

A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive a patient from potential or apparent death or that a patient was being treated with comfort measures only.

Mother's Social Security Number (for infants up to one year old)

The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Division.

Mother's Medical Record Number (for newborns born in the hospital)

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number

A hospital determined number used to distinguish multiple sites that fall under one Massachusetts Department of Public Health (MDPH) facility number.

Organization ID

A unique facility number assigned by the Division.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. New Data Elements (as of October 1, 1999) - *Continued*

Associated Diagnosis 9 – 14

This data element has been expanded to allow for up to 14 diagnoses.

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating, and Additional Caregiver National Provider Identifier Fields

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA

d. Important Note Regarding the Use of Race Codes in the HDD FY2000 Database

If you have used data in previous years, you may have noted that the Race_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-FY2000 Inpatient data to current and future data, you will have to standardize using the translation table below.

The following table should be referenced when using Race Code data in all Division data products.

Race Code	Description	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

*This format is consistent across all Division data products except pre-2000 Inpatient, and is the same format as reported to the Division.

**Note: The early release (Version 1) FY2000 also used the pre-2000 format.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA

e. DHCFP Calculated Fields

Admission Sequence Number

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.**

Days Between UHIN Stays

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)**

Analysis of UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

In the past, the DHCFP has found that, on average, 91% if the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN; invalid SSNs are set to “-----”.

****Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.**

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY2000 Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2000
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Health Systems	X			
2313	Berkshire Health Systems – Berkshire Med. Ctr.	X			
2231	Berkshire Health Systems - Hillcrest	X			
2069	Beth Israel Deaconess Med. Ctr.		X		Explanation received.
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance – Cambridge & Somerville			X*	See footnote.
2135	Cape Cod Health Systems – Cape Cod	X			
2003	Cape Cod Health Systems – Falmouth	X			
2101	Caritas Good Samaritan Medical Center	X			
2114	Caritas Norwood Hospital		See Note		Note: Hospital verified Version 1 and corrected # of charges. Version 2 contains resubmitted data.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2000
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2009	Caritas Southwood Hospital		See Note		Note: Hospital verified Version 1 and corrected # of charges. Version 2 contains resubmitted data.
2003	Carney Hospital		See Note		Note: Hospital verified Version 1 and corrected # of charges. Version 2 contains resubmitted data.
2139	Children's Medical Center	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber Cancer Institute	X			
2054	Deaconess-Glover Hospital			X*	See footnote.
2298	Deaconess-Nashoba Hospital	X			
2067	Deaconess-Waltham Hospital	X			
2018	Emerson Hospital			X*	See footnote.
2052	Fairview Hospital	X			
2048	Faulkner Hospital		X		Explanation received.
2120	Franklin Medical Center	X			

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2000
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2038	Hallmark Health – Lawrence Memorial Campus	X			
2041	Hallmark Health – Malden Campus	X			
2058	Hallmark Health – Melrose Wakefield	X			
2046	Hallmark Health – Whidden Campus	X			
2143	Harrington Memorial		X		Explanation Received.
2131	Haverhill Municipal Hospital (Hale)	X			
2034	Health Alliance Hospitals, Inc.	X			
2036	Heywood Hospital	X			
2145	Holyoke Hospital	X			
2225	Holy Family Hospital	X			
2157	Hubbard Regional	X			
2082	Jordan Hospital	X			
2033	Lahey Clinic Hospital	X			
2099	Lawrence General	X			
2040	Lowell General	X			

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2000
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2042	Martha's Vineyard Hospital			X*	See footnote.
2148	Mary Lane Hospital	X			
2167	Massachusetts Eye & Ear Infirmary	X			
2168	Mass. General Hospital	X			
2149	Mercy Hospital – Springfield	X			
2020	MetroWest Medical Ctr. (Columbia) – Framingham		X		Explanation received. Admission source Q4 issue corrected.
2039	MetroWest Medical Ctr. (Columbia) – Leonard Morse		X		Explanation received.
2105	Milford-Whitinsville Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital		X		Explanation received.
2059	New England Baptist Hospital	X			

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2000
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2299	New England Medical Center	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		Explanation received.
2061	North Adams Regional Hospital	X			
2016	Northeast Health Systems – Addison Gilbert Hospital	X			
2007	Northeast Health Systems – Beverly Hospital	X			
2014	North Shore Medical Center & Salem Hospital	X			
2150	Providence Hospital	X			
2151	Quincy Medical Center	X			
2063	Saints Memorial Medical Center	X			
2337	Southcoast Health Systems – Charlton Memorial Hospital	X			
2010	Southcoast Health Systems – St. Luke's Hospital	X			
2106	Southcoast Health Systems – Tobey	X			

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2000
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2107	South Shore Hospital	X			
2011	St. Anne's Hospital	X			
2085	St. Elizabeth's Medical Center		See Note		Note: Hospital verified Version 1 and corrected # of discharges. Version 2 contains resubmitted data.
2128	Saint Vincent Hospital	X			
2100	Sturdy Memorial Hospital	X			
2073	Union Hospital	X			
2103	UMass./Marlborough Hospital	X			
2841	UMass. Memorial Medical Center	X			
2091	Vencor – Boston			X	Unable to verify data.
2171	Vencor – North Shore			X	Unable to verify data.
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital & Medical Center		X		Explanation Received.

* Hospitals with no verification received were strongly pursued to verify their data. Each hospital was contacted numerous times via telephone and letter and given ample opportunity to respond. As of the cutoff date, however, the Division had not received a verification response Form from the hospital.

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payer
- Length of Stay
- Disposition
- Number of Diagnosis Codes Used per Patient
- Month of Discharge
- DRGs
- Number of Procedure Codes used per Patient
- Accommodation Charges
- Ancillary Charges
- Top 20 Principal ECODES
- Top 20 DRGs / Rank Order
- Number of Discharges
- Top 20 MDCs / Rank Order

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Type of Admission	Source of Admission	Age	Sex	Race	Payer
Faulkner Hospital	X	X	X	X	X	X
Harrington Memorial		X				
MetroWest (Columbia) – Framingham	X	X				
MetroWest (Columbia) – Leonard Morse		X				
Nantucket Cottage	X	X	X	X	X	X
Noble Hospital						X

Hospital	Length of Stay	Disposition	# Diag. Codes / Patient	Month of Discharge	DRGs	# Proc. Codes / Patient
Beth Israel Deaconess					X	
Faulkner Hospital	X	X	X	X	X	X
Nantucket Cottage	X	X		X		

Hospital	Accommodation Charges	Ancillary Charges	Top 20 E-Codes	Top 20 DRGs Rank Order	# Discharges	Top 20 MDCs / Rank Order
Beth Israel Deaconess			X	X		X
Faulkner Hospital	X			X	X	X
Noble Hospital	X	X		X		

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2000

<u>Hospital</u>	<u>Page</u>
Beth Israel Deaconess	34
Faulkner Hospital	35
Harrington Hospital	40
MetroWest (Columbia) – Framingham	41
MetroWest (Columbia) – Leonard Morse	42
Nantucket Cottage	43
Noble Hospital	44
Wing Memorial Hospital	47

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

BETH ISRAEL DEACONESS MEDICAL CENTER

Beth Israel Deaconess Medical Center reported several discrepancies in the following areas: DRGs, Top 20 DRGs/Rank Order, Top 20 Principle E-Codes, and Top 20 MDCs/Rank Order. In addition, the hospital stated that it was unable to validate the Sex, Race, or Age reports from the Division. The hospital submitted the following spreadsheet as an explanation.

Report Category	Code	DHCFP Report Total	BIDMC Tape Submission	Variance	Comment
Top 20 E-Code Frequency	E8798	0	16	-16	There are 10Ecodes listed on the report. 7 of the 10 have been checked against the tape.
DRG AP 8.1 Frequency Report	DRG001 DRG005	65 52	64 51	1 1	
List of Top 20 AP 8.1 DRGs	DRG175	385	26	359	Not sure how DHCFP derived higher number.
List of Top 20 AP 12 DRGs	DRG175	385	26	359	Not sure how DHCFP derived higher number.
List of Top 20 AP 14 DRGs	DRG175	385	26	359	Not sure how DHCFP derived higher number.
Top 20 AP 8.1 MDCs	MDC 06	817	731	86	
Top 20 AP 12 MDCs	MDC 06	813	731	82	
Top 20 AP 14 MDCs	MDC 06	813	731	82	

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL

Faulkner Hospital reported numerous discrepancies in the following categories:

Type of Admission
Source of Admission
Age Categories
Patient Sex
Patient Race
Payor
Length of Stay
Patient Disposition
Number of Diagnosis Codes per Patient
Month of Discharge
Special Care Accommodation
DRGs
Number of Procedure Codes per Patient
Top 20 DRGs listed in Rank Order
Number of Discharges
Top 20 MDCs listed in Rank Order

Please refer to the tables below for an explanation.

Category	DHCFP Data	Hospital Corrections
ADMISSION TYPE		
Emergency	4750	4752
Elective	984	985
TOTALS	5757	5760
ADMISSION SOURCE		
Direct Physician Referral	2109	2112
TOTALS	5757	5760

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL - Continued

Category	DHCFP Data	Hospital Corrections
AGE		
21-44	1284	1286
45-64	1469	1468
70-74	507	510
75-84	1200	1198
>=85	806	807
TOTALS	5757	5760
PATIENT SEX		
Male	2608	2611
TOTALS	5757	5760
PATIENT RACE		
White	3463	3464
Black	159	158
Unknown	2041	2044
TOTALS	5757	5760
PAYER		
Self Pay	129	113
Workers Comp	39	40
Medicare	2389	2392
Medicaid	62	60
Commercial Insurance	260	289
HMO	1255	1234
Free Care	101	117
Medicaid Managed Care	144	143
Medicare Managed Care	683	685
TOTALS	5757	5760
LENGTH OF STAY		
01 Day	981	982
03 Days	991	992
05 Days	575	576
20 or More Days	117	118
TOTALS	5757	5760

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL - Continued

Category	DHCFP Data	Hospital Corrections
PATIENT DISPOSITION		
Unknown	1	0
Discharge/Transfer to Home or Self Care (Routine)	3086	3089
Discharge/Transfer to Mental Health Hospital	22	23
TOTALS	5757	5760
# of DIAGNOSIS CODES per PATIENT		
ONE DIANOSIS	324	315
TWO DIAGNOSES	629	596
THREE DIAGNOSES	859	843
FOUR DIAGNOSES	829	815
FIVE DIAGNOSES	810	800
SIX DIAGNOSES	690	669
SEVEN DIAGNOSES	533	544
EIGHT DIAGNOSES	433	468
NINE DIAGNOSES	267	264
TEN DIAGNOSES	180	199
ELEVEN DIAGNOSES	80	108
THIRTEEN DIAGNOSES	32	30
FOURTEEN DIAGNOSES	18	27
FIFTEEN DIAGNOSES	10	19
TOTALS	5757	5760
NUMBER of PROCEDURE CODES/PATIENT		
One Procedure	2238	2239
Two Procedures	935	936
Nine Procedures	4	10
TOTAL PROCEDURE CODES	4139	4147

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL - Continued

Category	DHCFP Data	Hospital Corrections
SPECIAL CARE ACCOMMODATION		
Medical/Surgical ICU Total Special Care Days	2670	2658
TOTAL CHARGES	\$2,703,132	\$2,676,452
DISCHARGE MONTH		
December	536	537
January	539	540
February	440	441
TOTALS	5757	5760
DRG Listing (AP Version 8.1)		
DRG 80	9	8
DRG 82	24	23
DRG 174	44	46
DRG 175	23	21
DRG 182	104	105
DRG 183	45	44
DRG 197	56	55
DRG 225	33	34
DRG 430	245	247
DRG 540	29	30
DRG 541	42	43
DRG 556	8	9
DRG 744	69	73
DRG 745	200	196
DRG 747	9	10
DRG 748	30	29
DRG 750	143	149
DRG 751	376	370
TOTALS	5757	5760

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL - Continued

Category	DHCFP Data	Hospital Corrections
DRG LISTING (ALL PATIENT V12)	Version not available for verification	
LIST OF TOP 20 E CODES	Unable to verify	
LIST OF 20 DRG CASES with MOST TOTAL DISCHARGES		
DRG 751	376	370
DRG 430	245	247
DRG 745	200	196
DRG 182	104	105
DRG 744	69	73
DRG 750	143	149
DRG 751	376	370
TOTALS	2407	2410
MDCs LISTED IN RANK ORDER		
MDC 8	543	544
MDC 19	414	416
MDC UNKNOWN	6	3
TOTAL	5757	5760

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HARRINGTON HOSPITAL:

Harrington Hospital reported one major discrepancy in the area of Source of Admissions. The discharge report shows a total of 1,565 patients admitted from a Source “Outside Hospital ER Transfer”. The hospital’s records indicated that these patient were admitted from a source “Within Hospital ER Transfer”.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER (COLUMBIA) – FRAMINGHAM CAMPUS:

MetroWest Medical Center (Columbia) – Framingham Campus reported discrepancies in the areas Source and Type of Admission. For Q1, Q2, and Q3 the numbers under Code M “Walk-In/Self-Referral” should have been reported under Code R, “Within Hospital ER Transfer”. On the Admission Type frequency report it appeared that the totals in all categories for Q4 were doubled.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER (COLUMBIA) – LEONARD MORSE:

MetroWest Medical Center (Columbia) – Leonard Morse Campus reported one discrepancy in the area Source of Admission. For Q1, Q2, and Q3 the numbers under Code M, “Walk-In/Self-Referral” should have been reported under Code R, “Within Hospital ER Transfer”.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL:

Nantucket Cottage Hospital reported a discrepancy involving just four of its records. The hospital stated that the information in the DHCFP report was an accurate reflection of the 562 cases that were submitted. However, the hospital's census information indicated a discrepancy of 4 cases for FY2000. 3 of the 4 cases were newborns and the 1 remaining case may have been reclassified as an Observation case.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL:

Noble Hospital reported a discrepancy in Q3 that resulted from adjustments made to patient charges after the tape had been submitted to the Division. Please see the following tables for corrected numbers.

Routine Accommodation Charges

Case Mix Report Dept.	Q1	Q2	Q3	Q4	Total
Med/Surg	1,354,852	1,623,820	1,443,371	1,484,957	5,907,000
Pedi	78,895	66,293	75,203	78,550	298,941
Psychiatric	1,026,958	907,124	1,130,810	1,047,902	4,112,794
Oncology	-	-	87.00	87.00	174.00
Rehab	1,186,531	1,177,343	933,218	802,824	4,099,916
Subtotal	3,647,236	3,774,580	3,582,689	3,414,320	14,418,825
Icu	454,029	457,936	470,135	379,358	1,761,458
Total	4,101,265	4,232,516	4,052,824	3,793,678	16,180,283
Noble Hospital Rate Setting Charges Report Rerun of 9/21/01 Dept.	Q1	Q2	Q3	Q4	Total
Med/Surg	1,354,858	1,623,839.40	1,443,389.10	1,484,418.90	5,906,505.40
Pedi	78,893.20	66,294.90	75,208.50	78,551.10	298,947.70
Psychiatric	1,024,325.60	907,115.60	1,129,066.40	1,045,623.40	4,106,131.00
Oncology	-	-	87.20	87.20	174.40
Rehab	1,186,529.40	1,177,338.40	933,214.90	802,873.60	4,099,956.30
	3,644,606.20	3,774,588.30	3,580,966.10	3,411,554.20	14,411,714.80
Icu	454,014.50	457,922.40	470,115.60	379,344.00	1,761,396.50
Total	4,098,620.70	4,232,510.70	4,051,081.70	3,790,898.20	16,173,111.30
Variance	Q1	Q2	Q3	Q4	Total
Med/Surg	(6.00)	(19.40)	(18.10)	538.10	494.60
Pedi	1.80	(1.90)	(5.50)	(1.10)	(6.70)
Psychiatric	2632.40	8.40	1743.60	2278.60	6663.00
Oncology	-	-	(0.20)	(0.20)	(0.40)
Rehab	1.60	4.60	3.10	(49.60)	(40.30)
Subtotal	2629.80	(8.30)	1722.90	2765.80	7110.20
Icu	14.50	13.60	19.40	14.00	61.50
Total	2644.30	5.30	1742.30	2779.80	7171.70

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL - Continued

Routine Ancillary Charges Case Mix Report

	Q1	Q2	Q3	Q4	Total
Total	4,094,841.00	4,518,612.00	4,207,504.00	4,043,092.00	16,864,049.00

Noble Hospital Rate Setting Charges Report Rerun as of 9/21/01

	Q1	Q2	Q3	Q4	Total
Total	4,097,518.60	4,518,755.11	4,215,627.19	4,045,451.29	16,877,352.19
Variance	(2677.60)	(143.11)	(8123.19)	(2359.29)	(13,303.19)
Net Variance	(33.30)	(137.81)	(6380.89)	420.51	(6131.49)

Top 20 DRGs Rank Order	DHCFP	NOBLE	VARIANCE
Extracranial Vascular DRG5	57	29	28
Simple Pneumonia DRG89/90/91	200	184	16
Chronic Obstructive Pul. DRG 88	94	86	8
Perm Cardiac Pacemaker DRG 115/116/117/118	47	37	10
Circulatory Disorders DRG 121/122/123	155	112	43
Heart Failure – DRG 127	147	124	23
Atherosclerosis DRG 132/133	64	55	9
Cardiac Arrhythm. DRG 138/139	98	85	13
Chest Pain DRG 143	98	88	10
Major Small & Large Bowel DRG 148/149	66	42	24
Non Bacterial Gastro DRG 182/183/184	46	98	(52)
Other Digest. DRG 188/189/190	67	22	45
Hip Femur Pro. DRG 210/211/212	44	39	5
Hypovolemia & Elect (Nut.) DRG 296/297/298	68	66	2
Septecemia DRG 416/417	45	45	-
Schizophrenia	55	55	-
Total : 58			
Psychoses	121	117	4
Dipolar Disorder	73	73	-
Depression DRG 426	141	141	-
Rehabilitation DRG 462	272	272	-
	1958	1770	188

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL - Continued

Primary Payor	DHCFP	Noble	Variance
Other Non-Manged Care	7	7	0
Self-Pay	123	98	25
Workers Comp	8	10	-2
Medicare	1832	1846	-14
Medicaid	330	329	1
Other Govt. Payment	3	3	0
Blue Cross	138	139	-1
Commercial Insurance	128	134	-6
HMO	178	186	-8
Free Care	39	23	16
Blue Cross Managed Care	94	95	-1
Commercial Managed Care	27	35	-8
PPO and Other Managed Care	91	97	-6
Medicare Managed Care	174	171	3
TOTALS	3172	3173	-1

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

WING MEMORIAL HOSPITAL AND MEDICAL CENTER

Wing Memorial Hospital reported problems with the tape data format for Q1. The hospital stated that it was having problems dealing with negative charges posted by its billing department to many of the inpatient accounts listed on the tape. By the time the hospital's vendor, Eclipsys, was able to assist the hospital with the problem, the file had been automatically purged from the system and the hospital was no longer able to retrieve the data for the quarter.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART D. CAUTIONARY USE HOSPITALS

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification.

The hospitals listed below are ones that submitted one or more quarters of data that was unacceptable as specified under Regulation 114.1 CMR 17.00. This year, since there were two data releases (an initial FY2000 data release on September 24, 2001 and the final version in April 2002), we have included two separate Cautionary Use hospital lists pertaining to each release.

Final Version FY2000 Cautionary Use Hospitals (April 2002 Release):

For the final version FY00 data release, three hospitals had one or more quarters of rejected screenings or failed data and are considered cautionary use hospitals. They are as follows:

1. Wing Memorial Hospital: For Q1, the Total Charges Accommodations from Record Type '95' did not equal the sum of Total Charges Special Services and Total Charges Routine Services from Patient Control Type '90' records.
2. Vencor Hospital – Boston: The tape submitted for Q4 failed due to the use of supplementary codes for the field Primary Source of Payment, and for use of invalid codes for the field Secondary Source of Payment.
3. Vencor Hospital – North Shore: The tape submitted for Q1 failed as a result of the fact that Total Charges for Ancillary did not equal the Total Charges for Service.

CAUTIONARY USE HOSPITALS AS OF SEPTEMBER 24, 2001 RELEASE

For FY2000, as of the September 24, 2001 data release, sixteen hospitals were considered cautionary use hospitals. They were as follows:

1. Cape Cod Health System – Cape Cod Campus: Case mix data submitted for Q1, Q3, and Q4 was all found to be unacceptable for the following reasons. The tapes submitted for Q1 & Q3 failed mainly as a result of Type B errors involving the fields Attending Physician License Number, Operating Physician License Number. The tape submitted for Q4 failed mainly as a result of Type A errors involving the field Secondary Payer Type. The tape submitted for Q2 was found to be acceptable.
2. Cape Cod Health System – Falmouth Campus: The tapes submitted for Q1, Q3, and Q4 all failed mainly as a result of Type B errors involving the fields Attending Physician License Number and Operating Physician License Number. The tape submitted for Q2 was found to be acceptable.
3. Deaconess Nashoba Hospital: The tape submitted for Q3 failed as a result of Type B errors involving the fields Secondary Source of Admission, Operating Physician License Number, and Attending Physician License Number. Tapes submitted for Q1, Q2, & Q4 were all found to be acceptable.
4. Emerson Hospital: Tapes submitted for all four quarters failed mainly as a result of Type B errors. The errors involved the fields Primary Source of Admission, Attending Physician License Number, and Operating Physician License Number.
5. Health Alliance Hospital: The hospital did not submit a tape for Q1 and the tapes submitted for Q2, Q3 & Q4 failed. The failures resulted from both Type A errors (mainly involving the field Mother's Medical Record Number) and Type B errors (mainly involving the field Primary Source of Admission).
6. Martha's Vineyard Hospital: Tapes submitted for all four quarters failed due to both Type A and Type B errors. The highest number of errors occurred in the Q1 data, involving the fields Attending Physician License Number and Operating Physician License Number. Subsequent quarters failed due to Type B errors in fields including Mother's Social Security Number, Patient Social Security Number, and Revenue Code (Ancillaries).
7. Mercy Hospital: Tapes submitted for Q1, Q2, and Q4 failed as a result of errors having to do with the Secondary Source of Payment Code.
8. Mt. Auburn Hospital: The tape submitted for Q4 failed as a result of Type B errors in the field Primary Source of Admission. The data submitted for each of the first three quarters was found to be acceptable.

General Documentation
FY2000 Inpatient Hospital Discharge Database

**CAUTIONARY USE HOSPITALS AS OF SEPTEMBER 24, 2001 RELEASE –
Cont'd**

9. Nantucket Cottage Hospital: Case-mix data submitted for Q1 & Q3 was found to be unacceptable. The tape for Q1 failed as a result of Type B errors involving the field Attending Physician License Number. The Q3 tape failed mainly as a result of Type B errors involving the fields Attending Physician License Number and Operating Physician License Number. The tapes submitted for Q2 & for Q4 were both found to be acceptable.
10. Newton-Wellesley Hospital: Tapes submitted for Q1 & Q2 both failed mainly as a result of Type B errors involving the fields Attending Physician License Number and Operating Physician License Number. Tapes submitted for Q3 & Q4 were found to be acceptable.
11. Providence Hospital: Tapes submitted for all four quarters failed mainly as a result of Type A errors involving the field “Number of ANDs”.
12. Saint Anne’s Hospital: The tape submitted for Q4 failed mainly as a result of Type B errors involving the fields Attending and Operating Physician License Number.
13. Saints Memorial Medical Center: The tape submitted for Q4 failed as a result of Type B errors in the field Operating Physician License Number.
14. Saint Vincent Hospital: Tapes submitted for all four quarters failed mainly as a result of Type A errors involving the field “Number of ANDs”.
15. Vencor Hospital – Boston: The tape submitted for Q4 failed due to the use of supplementary codes for the field Primary Source of Payment, and for use of invalid codes for the field Secondary Source of Payment.
16. Vencor Hospital – North Shore: The tape submitted for Q1 failed as a result of the fact that Total Charges for Ancillary did not equal the Total Charges for Service.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

- 1. List of Hospitals Submitting Data for FY2000**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2000

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Medical Center
Berkshire Health Systems – Berkshire Medical Center
Berkshire Health Systems – Hillcrest Hospital
Beth Israel Deaconess Medical Center
Boston Medical Center
Brigham & Women’s Hospital
Brockton Hospital
Cambridge Health Alliance – Cambridge & Somerville
Cape Cod Health Systems – Cape Cod Campus
Cape Cod Health Systems – Falmouth Campus
Caritas Good Samaritan Medical Center
Caritas Norwood
Caritas Southwood
Carney Hospital
Children’s Medical Center
Clinton Hospital
Cooley-Dickinson Hospital
Dana Farber Cancer Institute
Deaconess-Glover Hospital
Deaconess-Nashoba Hospital
Deaconess-Waltham Hospital
Emerson Hospital
Fairview Hospital
Faulkner Hospital
Franklin Medical Center
Hallmark Health Systems – Lawrence Memorial
Hallmark Health Systems – Malden
Hallmark Health Systems – Melrose Wakefield
Hallmark Health Systems – Whidden
Harrington Memorial Hospital
Haverhill Municipal Hospital (Hale)
Health Alliance Hospital
Heywood Hospital
Holy Family Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic Hospital
Lawrence General Hospital
Lowell General Hospital
Martha’s Vineyard Hospital
Mary Lane Hospital

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2000 - *Continued*

Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Hospital
MetroWest Medical Center – Framingham
MetroWest Medical Center – Leonard Morse
Milford-Whitinsville Regional Hospital
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
New England Baptist Hospital
New England Medical Center
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
Northeast Health Systems – Addison Gilbert
Northeast Health Systems – Beverly Hospital
North Shore Medical Center & Salem Hospital
Providence Hospital
Quincy Medical Center
Saints Memorial Medical Center
Southcoast Health Systems – Charlton
Southcoast Health Systems – St. Luke's
Southcoast Health Systems – Tobey
South Shore Hospital
St. Anne's Hospital
St. Elizabeth's Hospital
Saint Vincent Hospital
Sturdy Memorial Hospital
Union Hospital
UMass. Memorial Health / Marlborough Hospital
UMass. Memorial Medical Center
UMass. Memorial Health Care
Vencor – Boston
Vencor – North Shore
Winchester Hospital
Wing Memorial Hospital

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

2. LIST OF HOSPITALS WITH NO DATA FOR FY2000

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2000.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Anna Jaques Hospital	2006	1917	\$14,558,622
2	Anna Jaques Hospital		2012	\$17,297,866
3	Anna Jaques Hospital		1951	\$17,130,193
4	Anna Jaques Hospital		1908	\$16,087,227
1	Athol Memorial Hospital	2226	259	\$1,480,676
2	Athol Memorial Hospital		334	\$2,159,969
3	Athol Memorial Hospital		317	\$1,998,610
4	Athol Memorial Hospital		317	\$1,839,086
1	Baystate Health Systems	2339	8269	\$105,208,953
2	Baystate Health Systems		8443	\$114,594,847
3	Baystate Health Systems		8301	\$113,139,698
4	Baystate Health Systems		8383	\$117,326,609
1	Berkshire Health Systems – Berkshire	2313	2972	\$29,121,846
2	Berkshire Health Systems – Berkshire		2942	\$29,550,466
3	Berkshire Health Systems – Berkshire		2815	\$27,877,502
4	Berkshire Health Systems – Berkshire		2880	\$30,196,195
1	Berkshire Health Systems – Hillcrest	2231	286	\$896,445
2	Berkshire Health Systems – Hillcrest		302	\$934,165
3	Berkshire Health Systems – Hillcrest		261	\$823,657
4	Berkshire Health Systems – Hillcrest		298	\$1,083,827
1	Beth Israel Deaconess Medical Center	2069	8855	\$155,446,492
2	Beth Israel Deaconess Medical Center		9068	\$160,197,939
3	Beth Israel Deaconess Medical Center		9422	\$154,329,401
4	Beth Israel Deaconess Medical Center		9471	\$156,125,528
1	Boston Medical Center – Harrison Ave.	2307	5913	\$77,493,844
2	Boston Medical Center – Harrison Ave.		5582	\$78,578,260
3	Boston Medical Center – Harrison Ave.		6098	\$83,662, 587
4	Boston Medical Center – Harrison Ave.		6307	\$80,987,713
1	Brigham & Women's Hospital	2921	12055	\$263,298,440
2	Brigham & Women's Hospital		11904	\$271,455,354
3	Brigham & Women's Hospital		12637	\$290,876,692
4	Brigham & Women's Hospital		12079	\$288,280,994
1	Brockton Hospital	2118	3786	\$27,855,660
2	Brockton Hospital		4207	\$30,680,543
3	Brockton Hospital		3962	\$28,831,870
4	Brockton Hospital		3946	\$28,090,526

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Cambridge Health Alliance	2108	2248	\$32,605,881
2	Cambridge Health Alliance		2330	\$33,649,728
3	Cambridge Health Alliance		2292	\$34,244,334
4	Cambridge Health Alliance		2305	\$32,763,732
1	Cape Cod Hospital – Cape Cod	2135	3833	\$30,793,235
2	Cape Cod Hospital – Cape Cod		3877	\$30,839,488
3	Cape Cod Hospital – Cape Cod		3866	\$30,548,320
4	Cape Cod Hospital – Cape Cod		4315	\$34,373,685
1	Cape Cod – Falmouth	2289	1386	\$10,895,413
2	Cape Cod – Falmouth		1587	\$11,935,300
3	Cape Cod – Falmouth		1631	\$13,506,328
4	Cape Cod – Falmouth		1638	\$13,613,328
1	Caritas Good Samaritan Medical Ctr.	2101	2306	\$18,982,025
2	Caritas Good Samaritan Medical Ctr.		2160	\$18,891,554
3	Caritas Good Samaritan Medical Ctr.		2323	\$19,327,579
4	Caritas Good Samaritan Medical Ctr.		2375	\$19,460,663
1	Caritas Norwood	2114	3261	\$25,387,199
2	Caritas Norwood		3397	\$26,756,065
3	Caritas Norwood		3489	\$30,969,897
4	Caritas Norwood		3477	\$38,679,861
1	Caritas Southwood	2009	231	\$575,224
2	Caritas Southwood		178	\$518,340
3	Caritas Southwood		237	\$681,493
4	Caritas Southwood		307	\$1,183,441
1	Carney Hospital	2003	2090	\$21,005,345
2	Carney Hospital		2093	\$22,106,270
3	Carney Hospital		1959	\$19,931,662
4	Carney Hospital		1961	\$19,734,808
1	Children's Hospital	2139	4031	\$74,716,268
2	Children's Hospital		4302	\$79,547,257
3	Children's Hospital		4200	\$83,192,726
4	Children's Hospital		3960	\$85,333,532
1	Clinton Hospital	2126	372	\$3,723,595
2	Clinton Hospital		391	\$3,836,828
3	Clinton Hospital		379	\$3,553,235
4	Clinton Hospital		374	\$3,481,125
1	Cooley Dickinson Hospital	2155	2022	\$12,767,744
2	Cooley Dickinson Hospital		2073	\$13,240,025
3	Cooley Dickinson Hospital		2079	\$12,887,703
4	Cooley Dickinson Hospital		2063	\$12,518,812
1	Dana Farber	2335	228	\$8,633,650
2	Dana Farber		193	\$8,602,805
3	Dana Farber		226	\$9,503,295
4	Dana Farber		217	\$8,758,931

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Deaconess-Glover	2054	489	\$5,854,958
2	Deaconess-Glover		462	\$6,125,700
3	Deaconess-Glover		458	\$5,768,131
4	Deaconess-Glover		450	\$5,713,661
1	Deaconess Nashoba	2298	503	\$3,250,912
2	Deaconess Nashoba		561	\$3,922,951
3	Deaconess Nashoba		538	\$3,450,541
4	Deaconess Nashoba		492	\$3,174,390
1	Deaconess Waltham	2067	1753	\$15,720,433
2	Deaconess Waltham		1793	\$15,778,573
3	Deaconess Waltham		1669	\$14,975,863
4	Deaconess Waltham		1629	\$13,784,359
1	Emerson Hospital	2018	2306	\$22,821,328
2	Emerson Hospital		2258	\$22,985,520
3	Emerson Hospital		2432	\$24,182,387
4	Emerson Hospital		2263	\$22,739,796
1	Fairview Hospital	2052	354	\$3,040,135
2	Fairview Hospital		391	\$3,036,495
3	Fairview Hospital		343	\$2,900,509
4	Fairview Hospital		381	\$4,031,787
1	Faulkner Hospital	2048	1500	\$16,607,392
2	Faulkner Hospital		1484	\$16,576,536
3	Faulkner Hospital		1395	\$15,266,955
4	Faulkner Hospital		1378	\$15,229,835
1	Franklin Medical Center	2120	1282	\$11,262,180
2	Franklin Medical Center		1323	\$12,386,520
3	Franklin Medical Center		1178	\$10,877,270
4	Franklin Medical Center		1146	\$10,703,527
1	Hallmark Health – Lawrence Memorial	2038	1463	\$11,265,688
2	Hallmark Health – Lawrence Memorial		1370	\$11,418,109
3	Hallmark Health – Lawrence Memorial		1373	\$10,640,043
4	Hallmark Health – Lawrence Memorial		1344	\$11,112,302
1	Hallmark – Malden	2041	265	\$3,874,073
2	Hallmark – Malden		296	\$4,724,821
3	Hallmark – Malden		285	\$4,083,261
4	Hallmark – Malden		262	\$3,894,903
1	Hallmark Health – Melrose Hospital	2058	3247	\$17,246,130
2	Hallmark Health – Melrose Hospital		3428	\$19,138,277
3	Hallmark Health – Melrose Hospital		3530	\$18,935,372
4	Hallmark Health – Melrose Hospital		3203	\$18,910,868
1	Hallmark – Whidden	2046	1113	\$7,109,272
2	Hallmark – Whidden		1161	\$7,686,613
3	Hallmark – Whidden		1047	\$6,401,337
4	Hallmark - Whidden		1069	\$7,044,655
1	Harrington Memorial Hospital	2143	1064	\$6,669,022
2	Harrington Memorial Hospital		1070	\$6,728,087
3	Harrington Memorial Hospital		990	\$5,742,416
4	Harrington Memorial Hospital		908	\$5,690,631

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Haverhill Municipal (Hale)	2131	1078	\$9,887,894
2	Haverhill Municipal (Hale)		1375	\$10,819,191
3	Haverhill Municipal (Hale)		1150	\$9,351,702
4	Haverhill Municipal (Hale)		1058	\$8,465,904
1	Health Alliance Hospital	2034	2066	\$15,078,737
2	Health Alliance Hospital		2461	\$16,244,634
3	Health Alliance Hospital		2321	\$15,604,201
4	Health Alliance Hospital		2229	\$14,273,138
1	Heywood Hospital	2036	1260	\$9,130,876
2	Heywood Hospital		1347	\$9,778,759
3	Heywood Hospital		1318	\$9,195,372
4	Heywood Hospital		1351	\$9,208,656
1	Holy Family	2225	2768	\$21,841,916
2	Holy Family		2916	\$23,999,063
3	Holy Family		3055	\$24,189,785
4	Holy Family		3002	\$23,605,648
1	Holyoke Hospital	2145	2025	\$15,255,302
2	Holyoke Hospital		1896	\$16,508,854
3	Holyoke Hospital		1873	\$14,983,035
4	Holyoke Hospital		1847	\$11,460,964
1	Hubbard Regional Hospital	2157	504	\$3,670,032
2	Hubbard Regional Hospital		503	\$3,875,075
3	Hubbard Regional Hospital		564	\$4,129,630
4	Hubbard Regional Hospital		476	\$3,392,342
1	Jordan Hospital	2082	1925	\$15,542,391
2	Jordan Hospital		2090	\$14,881,391
3	Jordan Hospital		2103	\$14,565,437
4	Jordan Hospital		2026	\$14,560,536
1	Lahey Clinic	2033	4008	\$62,100,828
2	Lahey Clinic		4014	\$63,479,323
3	Lahey Clinic		4057	\$62,935,847
4	Lahey Clinic		3877	\$62,252,335
1	Lawrence General Hospital	2099	2428	\$20,195,937
2	Lawrence General Hospital		2504	\$20,371,770
3	Lawrence General Hospital		2383	\$19,074,392
4	Lawrence General Hospital		2398	\$19,324,943
1	Lowell General Hospital	2040	2896	\$19,471,107
2	Lowell General Hospital		3095	\$20,393,446
3	Lowell General Hospital		3101	\$19,854,079
4	Lowell General Hospital		3129	\$20,435,182
1	Martha's Vineyard Hospital	2042	191	\$1,640,575
2	Martha's Vineyard Hospital		204	\$1,705,296
3	Martha's Vineyard Hospital		212	\$1,777,190
4	Martha's Vineyard Hospital		280	\$2,529,886

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Mary Lane Hospital	2148	381	\$2,611,755
2	Mary Lane Hospital		460	\$3,197,955
3	Mary Lane Hospital		391	\$2,581,833
4	Mary Lane Hospital		330	\$2,175,286
1	Mass. Eye & Ear Infirmary	2167	497	\$4,611,548
2	Mass. Eye & Ear Infirmary		476	\$5,162,810
3	Mass. Eye & Ear Infirmary		446	\$4,396,448
4	Mass. Eye & Ear Infirmary		458	\$4,317,929
1	Massachusetts General Hospital	2168	10436	\$294,257,956
2	Massachusetts General Hospital		10869	\$295,913,029
3	Massachusetts General Hospital		11188	\$311,212,833
4	Massachusetts General Hospital		11065	\$303,424,103
1	Mercy Hospital	2149	2526	\$32,448,216
2	Mercy Hospital		2599	\$36,627,147
3	Mercy Hospital		2695	\$33,957,164
4	Mercy Hospital		2608	\$30,894,609
1	MetroWest Medical Ctr. - Framingham	2020	2872	\$24,157,237
2	MetroWest Medical Ctr. - Framingham		2921	\$26,393,631
3	MetroWest Medical Ctr. - Framingham		2905	\$27,965,366
4	MetroWest Medical Ctr. - Framingham		2878	\$27,917,547
1	MetroWest Med. Ctr. – Leonard Morse	2039	1217	\$14,650,048
2	MetroWest Med. Ctr. – Leonard Morse		1277	\$16,166,707
3	MetroWest Med. Ctr. – Leonard Morse		1214	\$17,147,772
4	MetroWest Med. Ctr. – Leonard Morse		1223	\$17,772,226
1	Milford-Whitinsville Regional Hospital	2105	1523	\$14,188,774
2	Milford-Whitinsville Regional Hospital		1701	\$16,956,943
3	Milford-Whitinsville Regional Hospital		1862	\$16,699,508
4	Milford-Whitinsville Regional Hospital		1911	\$16,689,386
1	Milton Hospital	2227	1079	\$8,092,892
2	Milton Hospital		1121	\$9,334,596
3	Milton Hospital		1085	\$8,523,667
4	Milton Hospital		1062	\$8,295,447
1	Morton Hospital	2022	1632	\$13,134,011
2	Morton Hospital		1693	\$14,223,883
3	Morton Hospital		1660	\$13,977,425
4	Morton Hospital		1686	\$12,694,686
1	Mount Auburn Hospital	2071	2728	\$30,300,990
2	Mount Auburn Hospital		2871	\$31,779,425
3	Mount Auburn Hospital		2821	\$32,569,380
4	Mount Auburn Hospital		2885	\$17,717,566
1	Nantucket Cottage Hospital	2044	138	\$717,774
2	Nantucket Cottage Hospital		132	\$809,630
3	Nantucket Cottage Hospital		124	\$618,021
4	Nantucket Cottage Hospital		168	\$822,705

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	New England Baptist Hospital	2059	1370	\$24,066,137
2	New England Baptist Hospital		1293	\$24,108,184
3	New England Baptist Hospital		1308	\$24,242,140
4	New England Baptist Hospital		1190	\$23,687,211
1	New England Medical Center	2299	4223	\$107,356,244
2	New England Medical Center		4281	\$109,396,654
3	New England Medical Center		4403	\$105,047,313
4	New England Medical Center		4160	\$101,625,880
1	Newton-Wellesley Hospital	2075	3909	\$31,522,054
2	Newton-Wellesley Hospital		3862	\$31,954,282
3	Newton-Wellesley Hospital		3951	\$32,332,619
4	Newton-Wellesley Hospital		3873	\$31,153,735
1	Noble Hospital	2076	764	\$8,196,106
2	Noble Hospital		801	\$8,751,128
3	Noble Hospital		809	\$8,260,328
4	Noble Hospital		798	\$7,836,770
1	North Adams Regional Hospital	2061	1042	\$8,003,455
2	North Adams Regional Hospital		1111	\$8,848,453
3	North Adams Regional Hospital		1097	\$7,829,115
4	North Adams Regional Hospital		1084	\$7,818,116
1	Northeast Health – Addison Gilbert	2016	627	\$4,763,249
2	Northeast Health – Addison Gilbert		602	\$4,148,193
3	Northeast Health – Addison Gilbert		524	\$3,723,394
4	Northeast Health – Addison Gilbert		547	\$4,203,221
1	Northeast Health – Beverly	2007	3850	\$25,544,615
2	Northeast Health – Beverly		4006	\$27,920,773
3	Northeast Health – Beverly		4061	\$27,494,874
4	Northeast Health – Beverly		3896	\$26,074,984
1	North Shore Medical & Salem Hosp.	2014	3509	\$23,144,988
2	North Shore Medical & Salem Hosp.		3828	\$25,112,427
3	North Shore Medical & Salem Hosp.		3655	\$23,204,252
4	North Shore Medical & Salem Hosp.		3692	\$22,532,416
1	Providence Hospital	2150	996	\$8,031,170
2	Providence Hospital		1103	\$9,112,794
3	Providence Hospital		1123	\$8,592,357
4	Providence Hospital		1041	\$8,956,098
1	Quincy Medical Center	2151	1783	\$18,002,765
2	Quincy Medical Center		1790	\$19,237,021
3	Quincy Medical Center		1753	\$17,319,547
4	Quincy Medical Center		1784	\$19,731,560
1	Saints Memorial Medical Center	2063	1778	\$14,172,809
2	Saints Memorial Medical Center		2013	\$15,538,735
3	Saints Memorial Medical Center		2050	\$15,588,392
4	Saints Memorial Medical Center		1790	\$13,672,253

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Southcoast Health - Charlton	2337	3857	\$34,666,159
2	Southcoast Health - Charlton		4013	\$36,789,285
3	Southcoast Health - Charlton		3793	\$34,438,343
4	Southcoast Health - Charlton		3766	\$33,031,278
1	Southcoast – St. Luke’s	2010	4533	\$35,245,421
2	Southcoast – St. Luke’s		4639	\$38,373,432
3	Southcoast – St. Luke’s		4603	\$37,855,587
4	Southcoast – St. Luke’s		4674	\$37,511,091
1	Southcoast - Tobey	2106	937	\$6,568,144
2	Southcoast - Tobey		1035	\$7,643,062
3	Southcoast - Tobey		953	\$6,628,889
4	Southcoast - Tobey		1013	\$6,886,426
1	South Shore Hospital	2107	4749	\$32,279,574
2	South Shore Hospital		4962	\$35,232,623
3	South Shore Hospital		4993	\$34,214,263
4	South Shore Hospital		4873	\$32,747,468
1	St. Anne’s	2011	1325	\$14,439,512
2	St. Anne’s		1613	\$18,694,826
3	St. Anne’s		1473	\$16,993,674
4	St. Anne’s		1316	\$14,415,311
1	St. Elizabeth’s	2085	4027	\$60,667,782
2	St. Elizabeth’s		4163	\$64,863,878
3	St. Elizabeth’s		4181	\$69,513,444
4	St. Elizabeth’s		3961	\$65,022,377
1	Saint Vincent Hospital	2128	5099	\$61,711,718
2	Saint Vincent Hospital		5105	\$58,705,945
3	Saint Vincent Hospital		4478	\$54,696,528
4	Saint Vincent Hospital		4624	\$66,280,195
1	Sturdy Memorial Hospital	2100	1600	\$11,018,568
2	Sturdy Memorial Hospital		1836	\$12,878,796
3	Sturdy Memorial Hospital		1859	\$11,728,823
4	Sturdy Memorial Hospital		1882	\$12,026,413
1	Union Hospital	2073	1535	\$14,304,665
2	Union Hospital		1696	\$16,799,728
3	Union Hospital		1602	\$14,460,423
4	Union Hospital		1488	\$13,569,015
1	UMass. Marlborough	2103	805	\$6,860,400
2	UMass. Marlborough		904	\$7,794,141
3	UMass. Marlborough		876	\$7,072,463
4	UMass. Marlborough		868	\$6,763,538
1	UMass. Memorial Medical Center	2841	9948	\$148,259,791
2	UMass. Memorial Medical Center		10176	\$149,380,492
3	UMass. Memorial Medical Center		10239	\$153,173,473
4	UMass. Memorial Medical Center		10296	\$153,968,434
1	Vencor – Boston	2091	154	\$8,532,427
2	Vencor – Boston		165	\$12,067,330
3	Vencor – Boston		143	\$11,095,720
4	Vencor – Boston		145	\$11,016,102

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Vencor – North Shore	2171	92	\$9,518,914
2	Vencor – North Shore		127	\$11,905,311
3	Vencor – North Shore		122	\$8,844,432
4	Vencor – North Shore		122	\$7,662,154
1	Winchester Hospital	2094	3304	\$19,085,427
2	Winchester Hospital		3410	\$20,525,413
3	Winchester Hospital		3505	\$19,962,031
4	Winchester Hospital		3428	\$19,665,543
1	Wing Memorial Hospital	2181	439	\$45,721,524
2	Wing Memorial Hospital		447	\$3,165,691
3	Wing Memorial Hospital		465	\$3,204,299
4	Wing Memorial Hospital		478	\$2,939,300
	TOTALS		792,642	\$9,997,336,847
			Total Discharges	Total Charges

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Type A Errors and Type B Errors

Supplement II

Content of Hospital Verification Report Package

Supplement III

Hospital Addresses

Supplement IV

Hospital DPH ID, ORG ID, Hospital Service Site ID

Supplement V

Mergers, Name Changes, Closures, Conversions & Non-Acute Care Hospitals

Supplement VI

Alphabetical Source of Payment List

Supplement VII

Numerical Source of Payment List

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS:

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status
Billing Number
Primary Payer Type
Claim Certificate Number
Secondary Payer Type
Mother's Medical Record Number
Primary National Payer Identification Number
Secondary National Payer Identification Number
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I – XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Code I
Significant Procedure Code II
Significant Procedure Code III-XIV
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count

SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS – Continued:

Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Ancillaries
Total Charges: (ALL CHARGES)
Number of Discharges
Total Charges: Accommodations
Total Charges: Ancillaries
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches

TYPE 'B' ERRORS:

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight – grams
Employer Zip Code
Mother's Social Security Number
Facility Site Number
External Cause of Injury Code
Attending Physician License Number
Operating Physician License Number
Other Caregiver
Attending Physician National Provider Identifier (NPI)
ATT NPI Location Code
Operating Physician National Provider Identifier (NPI)
Operating NPI Location Code
Additional Caregiver National Provider Identifier
Date of Principal Procedure
Date of Significant Procedures (I & II)

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT II. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The **Hospital Verification Report*** includes the following frequency distribution tables:

Type of Admission
Source of Admission
Age
Sex
Race
Payer
Length of Stay
Disposition Status
Number of Diagnosis Codes Used per Patient
Number of Procedure Codes Used per Patient
Month of Discharge
*DRGs
Accommodation Charge Information
Ancillary Charge Information
Top 20 Principal E Codes
Top 20 DRGs with Most Total Discharges
MDCs listed in Rank Order Including DRG (468-470)
MDCs listed in Rank Order Excluding DRG (468-470)

Verification Response Forms: Completed by hospitals after data verification and returned to the DHCFP.

*NOTE: Hospital discharges were grouped with All Patient-DRG Groupers, Version 8.1, 12.0, and 14.1. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950	Athol Memorial Hospital 2033 Main Street Athol, MA 01331
Baystate Health System 3601 Main Street Springfield, MA 01107-1116	Berkshire Health Systems Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201
Berkshire Health Systems – Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215
Boston Medical Center 88 East Newton Street Boston, MA 02118	Brigham & Women's Hospital 75 Francis Street Boston, MA 02115
Brockton Hospital 680 Centre Street Brockton, MA 02402	Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143
Cape Cod Health Systems – Cape Cod 27 Park Street Hyannis, MA 02601	Cape Cod Health Systems – Falmouth 100 Ter Heun Drive Falmouth, MA 02540
Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301	Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062
Caritas Southwood Hospital 111 Dedham Street Norfolk, MA 02056	Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124
Children's Hospital 300 Longwood Avenue Boston, MA 02115	Clinton Hospital 201 Highland Street Clinton, MA 01510
Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001	Dana Farber 44 Binney Street Boston, MA 02115
Deaconess-Glover Memorial Hospital 148 Chestnut Street Needham, MA 02192	Deaconess-Nashoba Hospital 200 Groton Road Ayer, MA 01432

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Deaconess-Waltham Hope Avenue Waltham, MA 02254	Emerson Hospital Route 2 Concord, NH 01742
Fairview Hospital 29 Lewis Avenue Great Barrington, MA 01230	Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130
Franklin Medical Center 164 High Street Greenfield, MA 01301	Hallmark Health Care – Lawrence Memorial Campus 170 Governors Avenue Medford, MA 02155
Hallmark Health Care – Malden Campus 100 Hospital Road Malden, MA 02148	Hallmark Health Care – Melrose- Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176
Hallmark Health Care – Whidden Memorial Hospital Campus 103 Garland Street Everett, MA 02149	Harrington Memorial Hospital 100 South Street Southbridge, MA 01550
Haverhill Municipal Hospital (Hale) 140 Lincoln Avenue Haverhill, MA 01830-6798	Health Alliance Hospitals, Inc. 60 Hospital Road Leominster, MA 01453-8004
Heywood Hospital 242 Green Street Gardner, MA 01440	Holy Family Hospital 70 East Street Methuen, MA 01844
Holyoke Hospital 575 Beech Street Holyoke, MA 01040	Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570
Jordan Hospital 275 Sandwich Street Plymouth, MA 02360	Lahey Clinic Hospital 41 Mall Road Burlington, MA 01805
Lawrence General Hospital One General Street Lawrence, MA 01842-0389	Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854
Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557	Mary Lane Hospital 85 South Street Ware, MA 01082

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114-3096	Massachusetts General Hospital 55 Fruit Street Boston, MA 02114
MetroWest (Columbia) Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701	MetroWest (Columbia) Medical Center Leonard Morse Campus 67 Union Street Natick, MA 01760
Mercy Hospital 271 Carew Street Springfield, MA 01102	Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757
Milton Hospital 92 Highland Street Milton, MA 02186	Morton Hospital & Medical Center 88 Washington Street Taunton, MA 02780
Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238	Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554
New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120	New England Medical Center 750 Washington Street Boston, MA 02111
Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162	Noble Hospital 115 West Silver Street Westfield, MA 01086
North Adams Regional Hospital Hospital Avenue North Adams, MA 01247	Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930
Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915	North Shore Medical Center & Salem Hospital 81 Highland Avenue Salem, MA 01970
Providence Hospital 1233 Main Street Holyoke, MA 01040	Quincy Hospital 114 Whitwell Street Quincy, MA 02169

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT III. HOSPITAL ADDRESSES

Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852	Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720
Southcoast Health Systems – St. Luke’s Hospital 101 Page Street New Bedford, MA 02740	Southcoast Health Systems – Tobey Hospital 43 High Street Wareham, MA 02571
South Shore Hospital 55 Fogg Road South Weymouth, MA 02190	St. Anne’s Hospital 795 Middle Street Fall River, MA 02721
St. Elizabeth’s Medical Center 736 Cambridge Street Brighton, MA 02135	Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604
Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703	Union Hospital 500 Lynnfield Street Lynn, MA 01904-1424
UMass. Marlborough 57 Union Street Marlborough, MA 01752-9981	University of Massachusetts Memorial Health Care – Memorial Medical Center 120 Front Street Worcester, MA 01608
UMass. Memorial Health Care 281 Lincoln Street Worcester, MA 01605	Vencor – Boston 1515 Commonwealth Avenue Brighton, MA 02135
Vencor – North Shore 15 King Street Peabody, MA 01960	Winchester Hospital 41 Highland Avenue Winchester, MA 01890
Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187	

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT IV.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Anna Jaques Hospital	1	2006	
Athol Hospital	2	2226	
Baystate Medical Center	4	2339	
Berkshire Health Systems – Berkshire Medical Campus	7	2313	7
Berkshire Health Systems – Hillcrest Hospital Campus	9	2231	9
Beth Israel Deaconess	10	2069	
Beth Israel Deaconess – Needham	53	2054	
Boston Medical Center – Harrison Avenue Campus	16	2307	16
Boston Medical Center – East Newton Street Campus	144	2307	144
Brigham & Women's	22	2921	
Brockton Hospital	25	2118	
Cable Emergency Center	3118		
Cambridge Health Alliance – Cambridge Campus	27	2108	27
Cambridge Health Alliance – Somerville Campus	143	2108	143
Cambridge Health Alliance – Whidden Memorial Campus	142	2108	142
Cape Cod Health System – Cape Cod Hospital	39	2135	
Cape Cod health System – Falmouth Hospital	40	2289	
Caritas Carney Hospital	42	2003	
Caritas Good Samaritan Medical Center	62	2101	
Caritas Holy Family Hospital	75	2225	
Caritas Norwood Hospital	41	2114	
Caritas St. Anne's Hospital	114	2011	
Caritas St. Elizabeth's Hospital	126	2085	

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT IV.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Children's Hospital Boston	46	2139	
Clinton Hospital	132	2126	
Cooley-Dickinson Hospital	50	2155	
Dana Farber Cancer Center	51	2335	
Emerson Hospital	57	2018	
Fairview Hospital	8	2052	
Faulkner Hospital	59	2048	
Franklin Medical Center	5	2120	
Hallmark Health Systems – Lawrence Memorial Campus	66	2038	
Hallmark Health Systems – Melrose Wakefield Campus	141	2058	
Harrington Memorial Hospital	68	2143	
Health Alliance Hospital	71	2034	
Heywood Hospital	73	2036	
Holyoke Hospital	77	2145	
Hubbard Regional Hospital	78	2157	
Jordan Hospital	79	2082	
Lahey Clinic – Burlington Campus	81	2033	81
Lahey Clinic – North Shore Campus	4448	2033	4448
Lawrence General Hospital	83	2099	
Lowell General Hospital	85	2040	
Marlborough Hospital	133	2103	
Martha's Vineyard Hospital	88	2042	
Mary Lane Hospital	6	2148	
Massachusetts Eye & Ear	89	2167	
Massachusetts General Hospital	91	2168	
Mercy Hospital – Springfield		2150	
Merrimack Valley Hospital	70	2131	
MetroWest – Framingham	49	2020	
MetroWest – Leonard Morse	457	2039	
Milford-Whitinsville Hospital	97	2105	
Milton Hospital	98	2227	

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT IV.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Morton Hospital	99	2022	
Mount Auburn Hospital	100	2071	
Nantucket Cottage	101	2044	
Nashoba Valley Community	52	2298	
New England Baptist Hospital	103	2059	
Newton Wellesley Hospital	105	2075	
Noble Hospital	106	2076	
North Adams Regional Hospital	107	2061	
Northeast – Addison Gilbert	109	2016	
Northeast – Beverly	110	2007	
Quincy Medical Center	112	2151	
Saints Memorial Medical Center	115	2063	
Salem Hospital	116	2014	
Southcoast Health Systems – Charlton Memorial	123	2337	
Southcoast Health Systems – St. Luke's	124	2010	
Southcoast Health Systems – Tobey Hospital	145	2106	
South Shore Hospital	122	2107	
Saint Vincent Hospital	127	2128	
Sturdy Memorial Hospital	129	2100	
Tufts New England Medical Center	104	2299	
UMass. Health – Memorial Hospital Campus	130	2841	130
UMass. Health – UMass. Medical Center Campus	131	2841	131
Union Hospital	3	2073	
Waltham Hospital	54	2067	
Winchester Hospital	138	2094	
Wing Memorial Hospital	139	2181	

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Berkshire Medical Center Hillcrest Hosp. & Fairview Hosp.	Berkshire Health System	July 1996
Beth Israel Hospital N.E. Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty/Rehab	Boston Medical Center Corporation	July 1996
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – As of July 2001, included Cambridge, Somerville, Whidden, & Malden’s 42 Psych beds. Malden now closed. Please note that Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility’s discharges.	July 1996
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, and Unicare Health Systems (Melrose-Wakefield and Whidden Memorial Hospital)	Hallmark Health Systems, Inc. – As of July 2001 included just Lawrence Memorial and Melrose Wakefield	October 1997
Burbank Hospital & Leominster Hospital	Health Alliance, Inc.	November 1994

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	October 1989
Mercy Hospital Providence Hospital	Sisters of Providence	June 1997
Leonard Morse Hospital Framingham Union Hospital	MetroWest Medical Center	January 1992
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1992
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	June 1996
Memorial Health Care University of Mass. Medical Center	UMass. / Memorial Medical Center	April 1999
Melrose-Wakefield Hospital Whidden Memorial Hospital	Unicare Health Systems	July 1996

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Beth Israel Hospital New England Deaconess Hospital	Beth Israel Deaconess Medical Center	
Boston City Hospital University Hospital	Boston Medical Center – Harrison Avenue Campus	
New England Memorial Hospital	Boston Regional Medical Center	Now Closed.
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – now includes Cambridge, Somerville & Whidden	
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Care Systems	
Cardinal Cushing Hospital Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
St. Elizabeth's Medical Center	Caritas St. Elizabeth's Medical Center	
Lawrence Memorial Hospital Melrose-Wakefield Hospital	Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Bon Secours Hospital	Holy Family Hospital	
Vencor Hospitals – Boston & North Shore	Kindred Hospitals – Boston & North Shore	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	
Salem Hospital North Shore Children's Hospital	North Shore Medical Center - Salem	
Union Hospital	North Shore Medical Center - Union	
Quincy City Hospital	Quincy Hospital	
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Clinton Hospital	UMass. Memorial – Clinton Hospital	
Health Alliance Hospital	UMass. Memorial – Health Alliance Hospital	
Marlborough Hospital	UMass. Memorial – Marlborough Hospital	
Wing Memorial Hospital	UMass. Memorial – Wing Memorial Hospital	
UMass. Medical Center	UMass. Memorial Medical Center	

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CLOSURES

HOSPITAL	COMMENTS
Amesbury Hospital	Closed.
Boston Regional Hospital	Closed.
Burbank Hospital	Closed.
Cable Emergency Center	Closed.
Goddard Hospital	Closed.
Hunt Memorial Hospital	Closed. Now outpatient services only.
Ludlow Hospital	Closed.
Lynn Hospital	Closed.
Mary Alley Hospital	Closed.
Massachusetts Osteopathic Hospital	Closed.
Medical Center of Symmes	Closed.
St. Luke's Hospital in Middleborough	Closed.
St. Margaret's Hospital for Women	Closed.
Worcester City Hospital	Closed.

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

General Documentation
FY2000 Inpatient Hospital Discharge Database

**SUPPLEMENT V. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital – North Shore	Non-acute care hospital

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST

General Documentation
FY2000 Inpatient Hospital Discharge Database

Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

***Please list under the specific carrier when possible

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

General Documentation
FY2000 Inpatient Hospital Discharge Database

SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

General Documentation
FY2000 Inpatient Hospital Discharge Database

APPENDIX H
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

General Documentation
FY2000 Inpatient Hospital Discharge Database

APPENDIX H
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Part C. Revenue Code Mappings

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the admission date.

C) Detailed Description:

- 1) If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

3. PREOPERATIVE DAYS

A) Conventions:

- 1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
- 2) Preoperative days are set to 0000 when preoperative days are not applicable.
- 3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description:

- 1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
- 2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATION

A) Conventions:

Same day discharges have a length of stay of 1 day.

B) Brief Description:

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

C) Detailed Description:

- 1) The length of stay is calculated using the LOS routine.
- 2) If the value is zero, then it is changed to a 1.

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None.

B) Brief Description:

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

PART A. CALCULATED FIELD DOCUMENTATION

**6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT
SEQUENCE NUMBER**

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
- 4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

A) Conventions:

- 1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
- 2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B) Brief Description:

The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description:

- 1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
- 2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
- 3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS (*continued*)

4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

A) If the previous discharge date is greater than the current admission date; OR

B) The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

7) If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. Discharge File Table FY2000
2. Revenue File Table FY2000
3. Data Code Tables FY2000

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

The following is a list of the contents of the FIPA Layout. The data is separated into a Discharge File and a Revenue File. Passed and Failed data are included together in each file. The failed discharges are flagged for easy identification. See Data Elements: Flag to indicate if Discharge passed edits, SubmissionPassedFlag.

Linkage between the Discharge File and the Revenue File can be accomplished using two data elements: ProviderControlID and DischargeID. ProviderControlID identifies a unique collection of discharges from a provider – i.e., a specific data submission for a specific hospital and quarter. DischargeID is a sequential number that identifies a specific discharge record within a specific provider submission. The combination of ProviderControlID and DischargeID identifies a unique discharge record.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges by Hospital

1. DISCHARGE FILE TABLE – FY2000

#	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Mass. Dept. Public Health Facility No.	4	MDPHHospNumber
4	Organization ID	4	OrgID
5	Site Number	4	SiteNumber
6	Sex of Patient	1	Sex
7	Race of Patient	1	Race
8	Patient's Employer's Zip Code	9	EmployerZipCode
9	Patient's Resident Zip Code	9	ZipCode
10	Age in Weeks for patient < 1 year	2	NewBornAge
11	Calculated Age	3	Age
12	Newborn Birth Weight (grams)	4	Birthweight
13	Veterans Status	1	VeteransStatus
14	DNR Status	1	DNRStatus
15	Nature of the patient admission	1	AdmissionType
16	Primary Source of Patient Admission	1	AdmissionSourceCode1
17	Secondary Source of Patient Admission	1	AdmissionSourceCode2
18	Outcome of Patient's Hospitalization	2	PatientStatus

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2000 - Continued

#	Data Element	Length	Column
19	Anticipated SOURCE of Hospital Expense Reimbursement	3	PayerCode1
20	Anticipated TYPE of Hospital Expense Reimbursement	1	PrimaryPayerType
21	Secondary SOURCE of Hospital Expense Reimbursement	3	PayerCode2
22	Secondary TYPE of Hospital Reimbursement	1	SecondaryPayerType
23	Day of week patient was admitted	3	AdmissionDayOfWeek
24	Day of week patient was discharged	3	DischargeDayOfWeek
25	Calculated Length of Stay	4	LengthOfStay
26	Administratively Necessary Days	4	NumberOfANDs
27	Leave of Absence Days	4	LeaveOfAbsenceDays
28	NbrOfDiagnosisCodes	3	NumberOfDiagnosisCodes
29	NbrOfProcedureCodes	3	NumberOfProcedureCodes
30	Patient's Medical Record Number	10	MedicalRecordNumber
31	Billing Number	17	HospBillNo
32	Unique Patient Identifier	9	UHIN
33	Patient's Birthdate	8	DOB
34	Mother's Unique Patient Identifier	9	MotherSSN
35	Mother's Medical Record Number	10	MotherMedicalRecordNumber
36	Days Between Stays	4	DaysBetweenStays
37	Re-Admission Sequence	3	UHIN_SequenceNo
38	Date of Hospital Admission	8	AdmissionDate
39	Date of Hospital Discharge	8	DischargeDate
40	Attending Physician ID	7	AttendingPhysID
41	Attending Physician NPI	8	AttendingPhysNPI
42	Attending Physician NPI Location Code	2	AttendingPhysNPILocationCode
43	Operating Physician ID	7	OperatingPhysID
44	Operating Physician NPI	8	OperatingPhysNPI
45	Operating Physician NPI Location Code	2	OperatingPhysNPILocationCode
46	Other Caregiver Code	1	OtherCareGiverCode
47	Other Caregiver NPI	8	OtherCareGiverNPI
48	Other Caregiver NPI Location Code	2	OtherCareGiverNPILocCode
49	External Cause of Injury Code	6	Ecode
50	Principal ICD-9-CM Diagnosis Code	6	DiagnosisCode1
51	Associated ICD-9-CM Diag Code I	6	DiagnosisCode2
52	Associated ICD-9-CM Diag Code II	6	DiagnosisCode3
53	Associated ICD-9-CM Diag Code III	6	DiagnosisCode4
54	Associated ICD-9-CM Diag Code IV	6	DiagnosisCode5
55	Associated ICD-9-CM Diag Code V	6	DiagnosisCode6
56	Associated ICD-9-CM Diag Code VI	6	DiagnosisCode7
57	Associated ICD-9-CM Diag Code VII	6	DiagnosisCode8
58	Associated ICD-9-CM Diag Code VIII	6	DiagnosisCode9
59	Associated ICD-9-CM Diag Code IX	6	DiagnosisCode10
60	Associated ICD-9-CM Diag Code X	6	DiagnosisCode11
61	Associated ICD-9-CM Diag Code XI	6	DiagnosisCode12
62	Associated ICD-9-CM Diag Code XII	6	DiagnosisCode13
63	Associated ICD-9-CM Diag Code XIII	6	DiagnosisCode14

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2000 - Continued

#	Data Element	Length	Column
64	Associated ICD-9-CM Diag Code XIV	6	DiagnosisCode15
65	Principal ICD-9 Procedure Code	7	ProcedureCode1
66	Principal Procedure Date	8	ProcedureDate1
67	Significant ICD-9 Procedure Code I	7	ProcedureCode2
68	Procedure I Date	8	ProcedureDate2
69	Significant ICD-9 Procedure II Code	7	ProcedureCode3
70	Procedure II Date	8	ProcedureDate3
71	Significant ICD-9 Procedure III Code	7	ProcedureCode4
72	Significant ICD-9 Procedure IV Code	7	ProcedureCode5
73	Significant ICD-9 Procedure V Code	7	ProcedureCode6
74	Significant ICD-9 Procedure VI Code	7	ProcedureCode7
75	Significant ICD-9 Procedure VII Code	7	ProcedureCode8
76	Significant ICD-9 Procedure VIII Code	7	ProcedureCode9
77	Significant ICD-9 Procedure IX Code	7	ProcedureCode10
78	Significant ICD-9 Procedure X Code	7	ProcedureCode11
79	Significant ICD-9 Procedure XI Code	7	ProcedureCode12
80	Significant ICD-9 Procedure XII Code	7	ProcedureCode13
81	Significant ICD-9 Procedure XIII Code	7	ProcedureCode14
82	Significant ICD-9 Procedure XIV Code	7	ProcedureCode15
83	Number of Days in hospital when FIRST procedure performed	5	PreoperativeDays1
84	Number of Days in hospital when SECOND procedure performed	5	PreoperativeDays2
85	Number of Days in hospital when THIRD procedure performed	5	PreoperativeDays3
86	Total Charges for Routine Accom. Revenue Centers	8	TotalChargesRoutine
87	Total Charges for Special Accom. Revenue Centers	8	TotalChargesSpecial
88	Total Charges for All Revenue Centers	10	TotalChargesAll
89	Total Charges for Ancillary Revenue Centers	8	TotalChargesAncillaries
90	Flag to indicate if discharge passed edits	1	DischargePassed
91	Special Condition Indicator	1	SpecialConditionIndicator
92	SubmissionPassedFlag	1	SubmissionPassedFlag
93	V8.1 Major Diagnosis Group (MDC)	2	V81_MDC
94	V8.1 Diagnosis Related Group (DRG)	3	V81_DRG
95	V8.1 DRG Return Code	1	V81_ReturnCode
96	V8.1 First OR Procedure Code used by Grouper	7	V81_ORProcedureCode1
97	V8.1 Second OR Procedure Code used by Grouper	7	V81_ORProcedureCode2
98	V8.1 Third OR Procedure Code used by grouper	7	V81_ORProcedureCode3
99	V8.1 First Non-OR Procedure Code used by Grouper	7	V81_NonORProcedureCode1
100	V8.1 Second Non-OR Procedure used by Grouper	7	V81_NonORProcedureCode2
101	V8.1 First Diagnosis Code, other than principal code, that was used by Grouper	6	V81_DiagnosisCode1
102	V8.1 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V81_DiagnosisCode1
103	V8.1 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V81_DiagnosisCode1

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2000 - Continued

#	Data Element	Length	Column
104	V8.1 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	6	V81_DiagnosisCodeComplication
105	V8.1 Major Complication/Comorbidity Indicator	1	V81_Complication
106	V AP 12 Major Diagnosis Group	2	V12_MDC
107	V AP 12 Diagnosis Related Group (DRG)	3	V12_DRG
108	V AP 12 DRG Return Code	1	V12_ReturnCode
109	V AP 12 First OR Procedure Code used by Grouper	7	V12_ORProcedureCode1
110	V AP 12 Second OR Procedure Code used by Grouper	7	V12_ORProcedureCode2
111	V AP 12 Third OR Procedure Code used by Grouper	7	V12_ORProcedureCode3
112	V AP 12 First Non-OR Procedure Code used by Grouper	7	V12_NonORProcedureCode1
113	V AP 12 Second Non-OR Procedure Code used by Grouper	7	V12_NonORProcedureCode2
114	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode1
115	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode2
116	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V12_DiagnosisCode3
117	V AP 12 Diagnosis Code used by Grouper to satisfy Completion / Comorbidity Criteria	6	V12_DiagnosisCodeComplications
118	V AP 12 Major Complication / Comorbidity Indicator	1	V12_Complication
119	V AP 12 Trauma Registry Indicator	1	V12_TraumaRegistryIndicator
120	V AP 14.1 Major Diagnosis Group (MDC)	2	V141_MDC
121	V AP 14.1 Diagnosis Related Group	3	V141_DRG
122	V AP 14.1 DRG Return Code	1	V141_ReturnCode
123	V AP 14.1 First OR Procedure Code used by Grouper	7	V141_ORProcedureCode1
124	V AP 14.1 Second OR Procedure Code used by Grouper	7	V141_ORProcedureCode2
125	V AP 14.1 Third OR Procedure Code used by Grouper	7	V141_ORProcedureCode3
126	V AP 14.1 First Non-OR Procedure Code used by Grouper	7	V141_NonORProcedureCode1

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. DISCHARGE FILE TABLE – FY2000 - Continued

#	Data Element	Length	Column
127	V AP 14.1 Second Non-OR Procedure Code used by Grouper	7	V141_NonORProcedureCode2
128	V AP 14.1 First Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode1
129	V AP 14.1 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode2
130	V AP 14.1 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V141_DiagnosisCode3
131	V AP 14.1 Diagnosis Code used by Grouper to satisfy Completion / Comorbidity Criteria	6	V141_DiagnosisCodeComplication
132	V AP 14.1 Major Complication / Comorbidity Indicator		V141_Complication
133	V AP 14.1 Trauma Registry Indicator	1	V141_TraumaRegistryIndicator
134	V APR 15 Major Diagnosis Group (MDC)	2	V15_MDC
135	V APR 15 Diagnosis Related Group (DRG)	3	V15_DRG
136	V AP 15 DRG Return Code	1	V15_ReturnCode
137	V AP 15 First OR Procedure Code used by Grouper	7	V15_ORProcedureCode1
138	V AP 15 Second OR Procedure Code used by Grouper	7	V15_ORProcedureCode2
139	V AP 15 Third OR Procedure Code used by Grouper	7	V15_ORProcedureCode3
140	V AP 15 First Non-OR Procedure Code used by Grouper	7	V15_NonORProcedureCode1
141	V AP 15 Second Non-OR Procedure Code used by Grouper	7	V15_NonORProcedureCode2
142	V AP 15 First Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode1
143	V AP 15 Second Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode2
144	V AP 15 Third Diagnosis Code, other than principal code, that was used by Grouper	6	V15_DiagnosisCode3
145	V APR 15 Patient Severity Subclass	1	V15_Severity
146	V APR 15 patient Severity Diagnosis Buffer	30	V15_SeverityDiagnosisBuffer
147	V APR 15 Patient Mortality Subclass	1	V15_Mortality
148	V APR 15 Patient Mortality Diagnosis Buffer	30	V15_MortalityDiagnosisBuffer

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

2. **REVENUE FILE TABLE - FY2000**

#	Data Element	Length	Column
1	ProviderControlID	10	ProviderControlID
2	DischargeID	10	DischargeID
3	Revenue Code Type	3	
4	LineItem	10	
5	UB-92 Revenue Code 111	4	RevenueCode
6	Units of Service for Revenue Center 111	7	UnitsOfService
7	Charges for Revenue Center 111	10	TotalCharges

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F of this manual.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes:

* RACE CODE	* Patient Race Definition
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

Type of Admission Codes:

* TYPEADM CODE	*Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Source of Admission Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include Level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

* SRCADM CODE	* Source of Admission Definition – Newborn Only
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Patient Status Codes:

Departure Status Code	Departure Status Description
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left Against Medical Advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not Used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharged/transferred to rehab hospital
14	Discharged/transferred to rest home
15	Discharged to shelter
20	Expired (or did not recover – Christian Science Patient)
50	Discharged to Hospice-Home
51	Discharged to Hospice Medical Facility

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Payer Type Codes:

*PAYER TYPE CODE	Payer Type Abbreviation	* Payer Type Definition
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (*Continued*)

Veteran's Status Codes:

*VESTA CODE	* Veterans Status Definition
1	YES
2	NO (includes never a military, currently in active duty, national guard or revisit with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

DNR Codes:

* DNR CODE	Do Not Resuscitate Status Definition
1	DNR Order Written
2	Comfort Measures Only
3	No DNR Order or comfort measures ordered

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Routine Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156)	Days
7.	Oncology	117 (Includes codes: 117, 127, 137, 147, 157)	Days
8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Special Care Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Neo-Natal ICU	175 (Includes codes: 173 & 174)	Days
2.	Medical / Surgical ICU	200 (Includes codes: 201 & 202)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma Unit	208	Days
8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical / Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros
13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/ Surgical Supplies – Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
43.	Home IV Therapy Services	640	Zeros
44.	Hospice Services	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room / Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Zeros
58.	Other Observation Room	769	Zeros
59.	Preventive Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis – Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis – Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis – Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis – Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
69.	Invalid (Reserved for Dialysis – National Assignment)	870	Zeros
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric / Psychological Treatments	900	Zeros
73.	Psychiatric / Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	Zeros
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969)	Zeros
79.	Professional Fees	970 Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979)	Zeros
80.	Professional Fees	980 Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989)	Zeros
81.	Patient Convenience Items	990	Zeros

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. **INPATIENT DATA CODE TABLES (Continued)**

Other Caregiver Codes:

* OTH CARE CODE	* Type of Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted to require the use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

300 LABORATORY:

300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (Home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General
321 Angiocardigraph
324 Chest X-Ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

340 NUCLEAR MEDICINE:

340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc. Medicine Professional Fees

350 CAT SCAN:

350 General
351 Head Scan
352 Body Scan
359 Other

360 OPERATING ROOM:

360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General
381 Packed Cells
382 Whole Blood
389 Other

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

390 BLOOD STORAGE, PROCESSING, AND ADMINISTRATION:

390 General

***391 Blood/Administration

399 Other

410 RESPIRATORY THERAPY:

410 General

412 Inhalation Services

413 Hyperbaric Oxygen Therapy

419 Other

976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General

429 Other

977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General

439 Other

978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General

449 Other

979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General

459 Other

981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General

469 Other

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

470 AUDIOLOGY:

470 General
471 Diagnostic
472 Treatment
479 Other

480 CARDIAC CATHETERIZATION:

480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

540 AMBULANCE:

540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

710 RECOVERY ROOM:

710 General
719 Other

720 LABOR AND DELIVERY:

720 General
721 Labor
722 Delivery
723 Circumcision
724 Birthing Center
729 Other

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

730 EKG/ECG:

730 General
731 Holter Monitor
739 Other
985 EKG Professional Fees

740 EEG:

740 General
749 Other
922 Electromyogram
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General
801 Inpatient Dialysis
802 Inpatient Peritoneal (non CAPD)
805 Training Hemodialysis
806 Training Peritoneal Dialysis
807 Under Arrangement In House
808 Continuous Ambulatory Peritoneal Dialysis Training
809 In Unit Lab-Routine
810 Self Care Dialysis Unit
811 Hemodialysis-Self Care
812 Peritoneal Dialysis-Self Care
813 Under Arrangement In House-Self Care
814 In Unit Lab-Self-Care
880 Miscellaneous Dialysis
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General
861 Monozygotic Sibling
862 Dizygotic Sibling
863 Genetic Parent
864 Child
865 Non-Relating Living
866 Cadaver

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

900 PSYCHOLOGY AND PSYCHIATRY:

900 General
901 Electroshock Treatment
902 Milieu Therapy
903 Play Therapy
909 Other
910 Psychology/Psychiatry Services
911 Rehabilitation
912 Day Care
913 Night Care
914 individual Therapy
915 Group Therapy
916 Family Therapy
917 Bio Feedback
918 Testing
919 Other
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology
***490 Ambulatory Surgery
***499 Other Ambulatory Surgery
***510 Clinic
***511 Chronic Pain Center
***512 Dental Clinic
***519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room-General
709 Cast Room-Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

950 OTHER (Continued):

920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Opthamology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

***Please Note: These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

General Documentation
FY2000 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units Of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis-Outpatient or Home
830 Peritoneal Dialysis-Outpatient or Home
840 Continuous Ambulatory Peritoneal Dialysis-Outpatient or Home
850 Continuous Cycling Peritoneal Dialysis-Outpatient or Home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items